

# Greenwood Genetic Center

## GENETIC SERVICES CONSENT FORM

Individual's Name

Date of Birth

SSN

Name of DSN Board or Private Provider

Service Coordinator/ Early Interventionist – Phone #

The SC Department of Disabilities and Special Needs (DDSN) and the Greenwood Genetic Center work together to serve individuals and families who have developmental delay, mental retardation, learning disabilities, autism, and birth defects. A genetic evaluation is one of the services offered by DDSN. The purpose of this evaluation is to attempt to find the cause of an individual's learning problems and/or birth defects. For more information about genetic services, please read *The Genetic Evaluation: A Guide for Families and Individuals*.

There is no direct cost or billing to DDSN individuals or their families for genetic services provided by the Greenwood Genetic Center. The Greenwood Genetic Center will bill private insurance, Medicaid, or Medicare for genetic services when applicable.

Given the above information, I, \_\_\_\_\_ (print service recipient's legal name), hereby indicate by my signature below that I:

\_\_\_\_\_ Accept genetic services as noted above. I understand that I can, at any time, choose to revoke my consent to genetic services. **By accepting genetic services, I authorize the release of any records to the Greenwood Genetic Center deemed necessary to complete the genetic evaluation.**

\_\_\_\_\_ Decline further genetic services at this time. Declining genetic services does not affect other services provided by DDSN.

### BENEFITS ASSIGNMENT

I hereby authorize Greenwood Genetic Center to furnish information to my insurance carrier(s) concerning me (or that of my dependent), for the purpose of payment for services. I hereby assign to the Greenwood Genetic Center all payments for medical services rendered to me or my dependent. A copy of this assignment can be used in lieu of the original.

Individual's Signature

Date

Parent/ Legal Guardian's Signature & Relationship

Date

Street Address

Daytime Phone

City

State

Zip

Evening Phone

Witness

Date

9/05

Pee Dee - East  
Jennifer Lynch  
PO Box 3173  
Conway, SC 29528  
Ph: 843-248-8875  
Fax: 843-381-0025

Pee Dee - West  
Shannon Mackey  
PO Box 4033  
Florence, SC 29502  
Ph: 843-678-9090  
Fax: 843-678-9648

Piedmont - North  
Cathy Bolt  
PO Box 6187  
Anderson, SC 29623  
Ph: 864-224-5401  
Fax: 864-222-1148

Piedmont - South  
Joan Montjoy  
233 Brookfield Drive  
Greenwood, SC 29646  
Ph: 864-229-5585  
Fax: 864-229-0273

Midlands - North  
Debbie Zvejnieks  
PO Box 291599  
Columbia, SC 29229  
Ph: 803-754-0882  
Fax: 803-786-4695

Midlands - South  
Amy Toburen-Dobson  
PO Box 1957  
Lexington, SC 29071  
Ph: 803-356-6854  
Fax: 803-356-2511

Coastal - East  
Debbie Bealer  
PO Box 1441  
Mt. Pleasant, SC 29465  
Ph: 843-881-2404  
Fax: 843-849-6447

Coastal - West  
Margaret Palmer-Buerstner  
PO Box 2853  
Irmo, SC 29063  
Ph: 803-781-1717  
Fax: 803-780-2121